



NEVADA DEPARTMENT OF AGRICULTURE
Organic Certification Program
**HANDLER APPLICATION FOR
PROCESSOR / DISTRIBUTOR / RETAILER**



This application should be completed by the person applying for initial certification to process, distribute or retail organic products in Nevada.
Renewing applicants use Renewal Form available from the office listed below. Some types of distributors or retailers are exempt from certification requirements. See the Nevada Organic Certification Handbook or call (775) 688-1182 if you have questions.

Return completed application form and fee to:

NDA / Organic Certification
350 Capitol Hill
Reno, Nevada 89502

Applications received without application fee will be returned

Incomplete or inaccurate applications and/or supporting documentation may result in return of application or denial of certification.

BUSINESS INFORMATION (Where appropriate, list all corporate officers and offices, partners, etc. Attach additional pages if necessary)

Name (or names): _____

Business / Farm Name _____

Address of Farm or Business _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Contact Person at Farm or Business: _____ Phone _____

CERTIFICATION CLASSIFICATION AND FEES

G Certified Producer with On-Farm Processing. If you handle only your own certified ingredients and are a NDA certified producer, you pay only the Producer Certification fee	\$ exempt
G Certified Producer with On-Farm processing facilities handling certified ingredients other than your own	\$135.00
G Commercial Food, Feed or Fiber Processor	\$135.00
G Wholesale/Warehouse/Storage	\$135.00
G Retailer re-packing or processing	\$135.00
G Packing/Grading/Sizing/Cleaning	\$135.00
G Broker / Trader	\$135.00

Application fees are non-refundable.

Do you currently handle organic products in Nevada? **G** Yes **G** No

Do you handle **both** organic and non-organic products? **G** Yes **G** No

Does an organic certifying agent such as CCOF, OCIA, QAI, etc. currently certify you? **G** Yes **G** No

If yes, which organic certifying agency? _____

What is their phone number? _____ When was your facility last inspected by this agency? __/__/__

SUPPORTING DOCUMENTATION Check and attach all that apply to your business.

- G** an overall description of physical facilities including floor plans
- G** a general written description of the handling and processing operation (describe your operation), including the types of organic product processed, distributed or sold.
- G** a schematic flowchart showing movement of products during handling and processing, including equipment, machinery, and storage areas
- G** a description of the critical control points of potential commingling (if applicable)
- G** a description of internal record keeping that documents the movement of each specific lot of certified products through each step of the handling and processing operation
- G** a list and/or copies of product labels of materials used for sanitation and pest control (labels must be available to view at time of inspection).
- G** a general description of final product storage, preparation for transportation, loading and methods of transportation used in distribution

RECORD-KEEPING Check records that you currently maintain. You do not need to attach the records. Applicable records will be inspected as a part of the site inspection.

- G** names and addresses of suppliers, including producers, processors and other distributors
- G** purchasing records of certified products, including dates of purchase, invoice numbers and volumes
- G** proof of certifications for organic products purchased (if applicable)
- G** records regarding each stage of handling and processing for each lot, bin or volume of products
- G** routine quality control inspections, reports and evaluations
- G** current inventory of ingredients for processing (if applicable)
- G** current inventory of products for distribution (if applicable)
- G** sales and/or shipping records of certified products
- G** records indicating water used on certified products and discharge water meet city, state or federal Safe Drinking Water Act requirements
- G** records indicating approval of city, state or federal health code requirements (if applicable)

PROCESSING AND HANDLING

Do you currently have in place physical facilities and management procedures to prevent commingling of certified product from other product? **G** Yes **G** No **G** Not applicable

Receiving/storage areas used for certified organic products. Check all that apply to your facility:

- G** receiving areas or docks, scales, etc.
- G** bulk-bins or storage units
- G** cold storage unit(s) used exclusively for certified products
- G** designated areas within cold storage unit(s) used exclusively for certified products
- G** segregated dry shelf storage for only certified products
- G** designated areas within dry shelf storage units for certified products
- G** washing, cleaning, grading, clipping area
- G** other _____

Shipping/storage areas used for certified products. Check all that apply to your facility:

- G** bulk-bins or storage units
- G** individual cold storage unit(s) used exclusively for certified products
- G** designated areas within cold storage unit(s) for storing certified products
- G** segregated dry shelf storage used exclusively for certified products
- G** designated areas within dry shelf storage units for certified products
- G** loading areas or docks

Shipping and transportation of certified products. Check all that apply to your facility:

- ☐ loading equipment and areas designated exclusively for certified products
- ☐ loading equipment and areas, which may be used for non-organic products, are managed to prevent commingling
- ☐ containers, trucks or other transportation used only for certified products
- ☐ containers, trucks or other transportation, which may be used for non-organic products, are managed to prevent commingling and contamination.

Areas and equipment for packing and grading of certified products. Check all appropriate areas and/or methods:

- ☐ areas with equipment designated exclusively for handling and processing of certified products
- ☐ areas with portable equipment designated exclusively for handling and processing of certified products
- ☐ scheduled times or periods for segregated handling and processing certified products

Packaging materials used for certified products. Check all that apply:

- ☐ new
- ☐ new or previously used exclusively for certified products
- ☐ new or previously used packaging materials that have been cleaned and contain no prohibited materials
- ☐ previously used packaging materials that have been cleaned or lined with new plastic liners and contain no prohibited materials

Sanitation

Check methods and/or materials used for sanitation and/or cleaning:

- | | | |
|--|---|--|
| <input type="checkbox"/> alcohol | <input type="checkbox"/> allowed bleaches | <input type="checkbox"/> allowed detergents and/or soaps |
| <input type="checkbox"/> soda ash | <input type="checkbox"/> calcium lignosulfate | <input type="checkbox"/> hydrogen peroxide |
| <input type="checkbox"/> citric acid | <input type="checkbox"/> caustic soda | <input type="checkbox"/> iodine |
| <input type="checkbox"/> sulfuric or hydrochloric acid | <input type="checkbox"/> other _____ | |

List the products used in sanitation and cleaning.

Material Used	Describe Use

Describe how organic products are protected from contamination by prohibited materials used in sanitation and cleaning. _____

Pest Management

Check pest management methods used:

- | | | |
|---|--|--|
| <input type="checkbox"/> sanitation | <input type="checkbox"/> physical barriers | <input type="checkbox"/> insect/rodent traps |
| <input type="checkbox"/> sticky traps/baits | <input type="checkbox"/> beneficial insects | <input type="checkbox"/> biological control |
| <input type="checkbox"/> pheromone traps | <input type="checkbox"/> botanical insecticides | <input type="checkbox"/> microbial or viral insecticides |
| <input type="checkbox"/> soaps and/or oils | <input type="checkbox"/> diatomaceous earth (DE) | <input type="checkbox"/> aeration/ventilation |
| <input type="checkbox"/> allowed fumigation | <input type="checkbox"/> other _____ | |

List the products used for control of insects, rodents, etc

Material Used	Describe Use

Describe how organic products are protected from contamination of prohibited materials used in control of insects, rodents, etc. _____

Pest control methods and materials are managed and/or applied by a:
☐ designated employee or department ☐ self
☐ licensed commercial pest control service. Name of company _____

Check materials used for post-harvest applications for disease management or spoilage.
☐ copper hydroxide ☐ copper sulfate ☐ cupric oxide ☐ tri-basic copper
☐ hydrated lime ☐ elemental or dry sulfur ☐ liquid sulfur ☐ Bordeaux mixture
☐ lime sulfur (calcium polysulfide) ☐ allowed bleaches ☐ allowed waxes
☐ other: _____

List products used for post-harvest applications

Material Used	Describe Use

Please describe how organic products are protected from contamination of prohibited materials used in post-harvest treatments to control spoilage or diseases _____

PRODUCT INGREDIENTS AND LABELING

If you are a processor, you must include copies of labels for the products you wish to label as organic. Attach to this form, or otherwise include with this application.

Are any of the following ingredients used in your products?

Sulfites ☐ Yes ☐ No
 Nitrates ☐ Yes ☐ No
 Nitrites ☐ Yes ☐ No

 You are welcome to attach any additional information about your operation, including brochures, advertisements, newspaper articles, etc.

AFFIDAVIT

I, hereby affirm that:

- ◆ All verification documents required by the Nevada Department of Agriculture Organic Certification Program, Chapter 587 of the Nevada Administrative Code and submitted to the Nevada Department of Agriculture in support of my application for certification or recertification contain and will contain only true, accurate and complete information about my operation.
- ◆ All oral statements and written records made available to NDA in connection with inspections of my operation are and will be true, accurate and complete.
- ◆ All goods produced and/or marketed under a NDA Certified Organic or Transition-to-Organic Certification Pending certificate and logo will be produced, handled and sold in accordance with the standards set out in Nevada Revised Statutes 587 and Chapter 587 of the Nevada Administrative Code.
- ◆ I have read and agree to be bound by all provisions of the Nevada Organic Certification Program applicable to the production, handling, and sales of organic food, feed, livestock, or fiber.

Name of applicant (please print or type)

Signature of applicant

Date _____

NOTARY

State of _____)

County of _____)

On this _____ day of _____, 19_____, personally appeared before me, a

Notary Public in and for said County of said State, _____

_____, known to me to be the person(s) described in and who executed the foregoing instrument and duly acknowledged to me that _____ executed the same freely and voluntarily and for all the uses and purposes described therein. IN WITNESS WHEREOF I have thereunto set my hand and affixed my Official Seal that day and year in this certificate first above written.

Notary Public